Community Capacity Building and Mobilization in Youth Mental Health Promotion

The Story of the Community of West Carleton

How the Community Helper Program Evolved from a Community's Experience with Youth Suicide

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Table of Contents

Introduction 1

Defining Key Concepts 2

- Community Capacity Building 2
- Community Mobilization 2
- Youth Mental Health Promotion 3

Impetus for Action 4

Extent of the Problem 5

- Youth Suicide in the Context of Mental Health Promotion 5
- What Youth Are Reporting About Mental Health Issues 6

Building Momentum 8

- Capacity Building Through Tragic Events Response 8
- Creating a Shared Vision 10

Developing a Common Language Concerning Youth Mental Health 13

- Earache vs. Psychache Exercise 14

Defining Community Assets 15

- Youth as Mental Health Promoters 16
- Youth Community Mobilization 17
- Engaging the Business Community 19

Discovering Assets – The Community Helpers Program 22

- Community Helpers Program 22
- Survey Design and Administration 23
- Survey Tabulation 24
- Selection of Community Helpers 24
- Recruitment of Community Helpers 24
- Key Benefits of *Community Helpers* Program 25
- Community Mobilization Through Community Helpers 26

Collaborative Partnerships – Building Sustainable Partnerships 28
Education 28
Youth Service Providers 29
Police 30
Government (Municipal) 31
Media 31
Leadership 33
Sustainability. 35
Fund Raising – Must We Bake Sale Our Way to Positive Mental Health? 35
Implications for Community Capacity Building – Policy And Systems 37
Conclusions 39
References 40

Introduction

At a conceptual level, creating a shared community vision intrinsically lies in the adamant belief that *every* individual brings a unique and essential voice to youth mental health promotion. This is as important at the community grassroots as it is at the national level. In order to reduce stigma and increase awareness with regard to youth mental health issues, diverse collaborative partnerships must be fostered and a common community language developed.

This paper will explore key concepts in youth mental health promotion, demonstrating how these concepts can and have been operationalized and implemented at the community level. Key concepts in youth mental health promotion will be first defined including community capacity building, community mobilization and youth mental health promotion. The experience of youth suicide in a rural community will be used to illustrate, in practical terms, how these concepts have real-life application. Specifically, in the context of a community's response to a tragic event, the importance of developing a shared vision and creating a common community language around youth mental health will be emphasized. This will be done with an appreciation of the extent of the problem, both in terms of the specific issue of youth suicide as well as the more global issue of youth mental health.

The identification, engagement and sustainability of a range of community assets and partnerships will be explored as relate to community capacity building and mobilization. Key assets that will be discussed include youth themselves as well as the business community. The *Community Helpers* Program will be presented as a model for community capacity building around the issue of youth mental health promotion.

Finally, the implications of successful community capacity building from both a policy and a systems perspective will be discussed. The emphasis will be on how communities and the systems that support them can experience fundamental and lasting change.

In the context of youth mental health promotion, in order to build capacity, we must always look for "teachable moments." Such moments can be found throughout the process of capacity building and mobilization. This begins with the event or situation that helps to define the problem. These moments exist throughout the identification of assets and the forging of partnerships that create and implement initiatives to promote and maintain individual and community wellness. This paper illustrates how communities can capitalize on such "teachable moments."

Defining Key Concepts

Community Capacity Building

Community capacity relates to the assets that already exist within a community. These can include concrete resources needed to address particular issues, as well as the wisdom, expertise and leadership to make things happen. The underlying assumption of community capacity is that all members in the community have something to offer in terms of problem solving and strategies to undertake collective concerns.

Capacity building refers to the means by which a community can tap into its own strengths. "Capacity building places the emphasis on existing strengths and abilities, rather than being overwhelmed by problems or feelings of powerlessness" (HRDC, 1999). It is not possible for "outsiders" to come into a community and create capacity. Capacity building is not likely unless the community has the assets to begin with and the will to mobilize these assets. Assets cannot be fabricated or imposed. "Communities are never built from the top down or the outside in" (Kretzman & McKnight, 1993).

Human Resources Development Canada (HRDC), in *The Community Development Handbook* (1999), describes several benchmarks regarding the outcomes for community capacity building. Capacity building creates stronger community relationships and sets the stage for the enhanced ability of community members to share ideas on a course of action. There is also an increased ability to set and realize common goals in the action plan. The community begins to have a collective appreciation and respect of the limited resources, both in human and financial terms. The community also takes ownership for the action plan and has an "expanded intuition in sensing what to do, when to do it and when to quit" (HRDC, 1999). In terms of youth mental health, capacity building also increases awareness of the issues and promotes community advocacy to make a difference. Capacity building taps into the natural leadership skills of those in the community and acknowledges and nurtures the interest in young people to be leaders. These outcomes of capacity building will be demonstrated throughout the paper.

Community Mobilization

Community mobilization is the use of capacity to bring about change by joining together the strengths of the community into an action plan. "Community mobilization is based on the belief that when a community is mobilized to address and solve its own problems, more efficient and effective results will materialize than could be achieved by any other means" (Hastings, 2001). The anticipated goal is for a safe and healthy community with "buy in" from all community members. With respect to

youth, such problems can include youth violence, substance abuse, eating disorders, or even youth suicide, which was the catalyst for the real-life example that will be referred to throughout this paper.

Several key components are required for effective community mobilization to occur. These include creating a shared vision, a common understanding of the problem, leadership, and establishing collaborative partnerships, increased community participation and sustainability. This paper will explore these components as they relate to the experience of addressing youth mental health issues.

Youth Mental Health Promotion

Youth mental health promotion can be seen as the process of enhancing an approach to increase both the individual's, and the community's capacity to improve youth mental health – using strategies that foster supportive environments and individual resilience. "The concept of mental health promotion recognizes that people's mental health is inextricably linked to their relationship with others, environment and lifestyle factors, and the degree of power that they have over their lives" (Canadian Mental Health Association, 1999).

This would suggest that in order to increase the mental health wellness of the youth population, not only do we target the youth, but the entire community itself. "It is our responsibility to work with youth to find ways to maintain, enhance and improve their health. Not only do our approaches have to move with the times and the changing society, but also with the attitudes and perceived needs of and by our youth" (Hanvey et al. 1994). Essentially, youth are viewed as primary partners in maintaining and embracing their health and well-being.

Impetus for Action

In discussing community capacity building and community mobilization in youth mental health promotion, this document will focus on the experience of a community whose characteristics mirror those of many rural communities across Canada. What stands out, however, is that this community became determined to confront youth suicide and to engage in youth mental health promotion activities at all levels. The journey into the arena of youth mental health promotion in West Carleton, Ontario is a real-life illustration of how a community can move from feeling paralysed to one that has built community capacity not only to heal, but also to bring about significant change.

The former Township of West Carleton, Ontario is a large rural community covering over 600 square kilometres. Between December 1995 and September 1997, the community found itself face to face with the issue of youth suicide after losing four of its young people between the ages of 16 and 19. All the youth were either students or recent graduates of the only secondary school in the township. The shock of these deaths was felt throughout the community and the fear and grief associated with that loss became overwhelming. Alarm in the community was also fuelled by the fact that the youth had not been previously identified as what would commonly be defined as "at-risk." One could say that this was a community in crisis looking to make sense of the pain and in search of answers.

The Western Ottawa Community Resource Centre, West Carleton Secondary School and the Brady Burnette Teen Assistance Fund united in a collaborative partnership to create a shared vision to address youth mental health issues. Along the way, many community members have also joined in this vision. The Community Resource Centre is a non-profit, charitable organization consisting of volunteers, staff and a Board of Directors who, in partnership with local groups and agencies, develop, provide and coordinate accessible community health and social services.

Extent of the Problem

Community capacity building cannot occur in a vacuum. To help a community come terms with the extent of the issues it is facing, context needs to be provided. Only then can its personal experience be seen as part of a larger issue requiring action. In the case of West Carleton, this meant understanding the reality of the mental health challenges facing its youth, in the context of the West Carleton community as a whole.

Youth Suicide in the Context of Mental Health Promotion

Suicide is the second leading cause of death among young people aged 10 to 24 in Canada. Although the suicide rate per 100,000 for the 15 to 19-year-old population has remained relatively unchanged since 1981, since the early 1990s there have been significant increases in the suicide rate among youth aged 10 to14. (Statistics Canada and Health Canada, 1999).

Suicide Rate per 100,000

Age	1981	1991	1996	1997	1998
1-14 Years	0.7	0.6	0.7	0.9	2.2
15-19 Years	12.7	13.8	11.5	12.9	12.5

Source: Statistics Canada (1999), Catalogue # 82F0075XCB

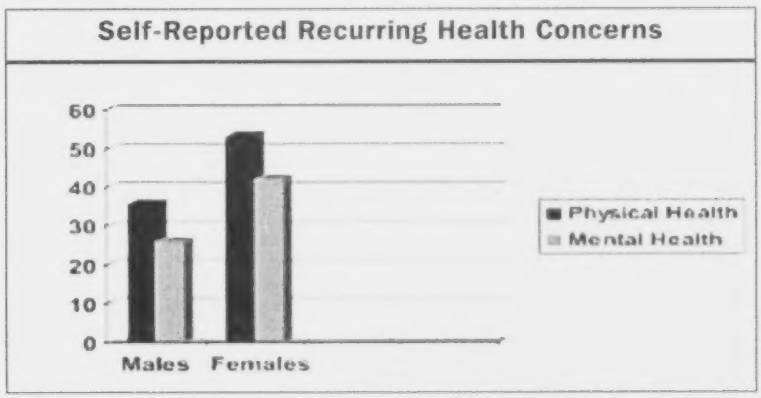
For the people of communities like West Carleton, the loss of life to suicide represents more than just a statistic. Due to its very nature, suicide sends shock waves throughout entire communities. The grief and loss experienced is even more incomprehensible when it involves children.

The stigma and shame associated with mental health issues in general and suicide in particular contribute to the formidable task of youth mental health promotion. Engaging communities in a dialogue about a subject that has historically been taboo can be very challenging. Yet statistics, and more importantly the community loss of young people, suggest that we must find ways to increase a community's capacity to address youth mental health issues. The concept of youth mental health promotion in the aftermath of a suicide appears, at first glance, to be preposterous. However, it is precisely at this time that the importance of mental health promotion becomes blatantly clear; postvention becomes prevention.

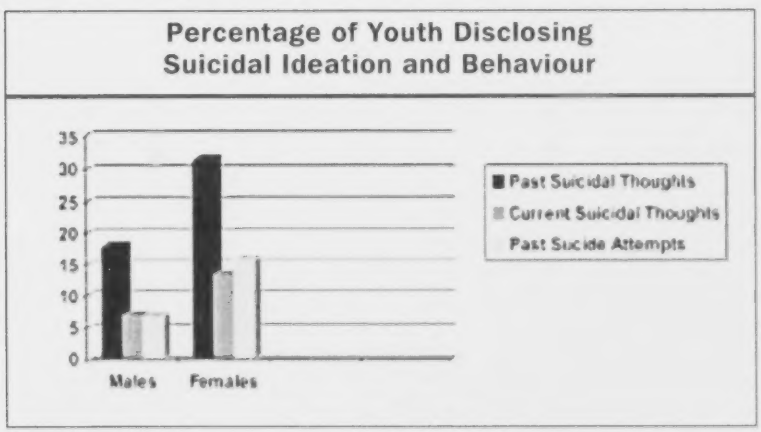
What Youth Are Reporting About Mental Health Issues

Increasingly, we are recognizing the importance of having youth help us define the problem, as well as to have them participate as active partners in seeking innovative solutions to better meet the mental health needs of all youth.

Information collected by the Youth Net/Reseau Ado program from 1995 to 2002 with close to 10,000 youth in Eastern Ontario and Western Quebec suggest that young people's concerns regarding their own mental health are as salient as the concerns that they express about their physical health. Mental health concerns can range from an overall appreciation of the level of stress in their lives, to recurring feelings of depression and even suicidality. Young women report more concerns in all areas, although the potential for young men to be even more reluctant to report or discuss such issues cannot be overlooked.



Source: Youth Net/Reseau Ado (2001) N=9563



Source: Youth Net/Reseau Ado (2001) N=9563

Communities need to understand the issues affecting young people. Mental health promotion activities need to be inclusive and "youth friendly." As previously noted, outcomes of community capacity building include an increase in the leadership potential of youth. It becomes critical that the youth voice be heard and innovative ways be fostered in communities to address mental health promotion that are simply not just scaled-down versions of adult models.

In West Carleton, a concerted effort was made to understand the mental health issues affecting its particular youth population. Two initiatives were undertaken, including a survey by school guidance counsellors to assess overall concerns reported by the Grade 9 population, as well as mental health focus groups facilitated by Youth Net/Réseau Ado. This resulted in a more individualized reflection of the community and helped to shape the action plan of what resources and supports were needed.

Building Momentum

Capacity Building Through Tragic Events Response

> *"Capacity building places the emphasis on existing strengths and abilities, rather than being overwhelmed by problems or feelings of powerlessness"*
>
> (HRDC, 1999)

Communities have rallied around each other in times of crisis for many generations. Over time, communities have become much more open to the formal concept of emotional first aid when a tragedy occurs. Many school boards across Canada have tragic event response protocols. Teams are mobilized and will go right into a school when a tragedy, such a youth suicide, occurs. The goal of response is not to interfere with the existing support systems but to identify grief reactions as a normal response to an abnormal situation. In the case of West Carleton, the ripple effects of the suicide reached much further than the school itself, requiring a much broader scope in order to reach the full range of community members who were affected by this issue. Although unaware at the time, this was the beginning of the community mobilization journey in West Carleton. Communities may vary in their needs depending on the nature of the tragic event. In terms of youth mental health, a community may face an acute crisis such as the one depicted here, or more chronic stressors that call for a concerted community response (e.g. youth crime, substance abuse, peer harassment, violence, racism).

Immediately after the last suicide, tragic response counselling was made available for all youth and parents and a critical incident debriefing session was held for the school personnel. This was the beginning of the establishment of innovative partnerships between resources already in place within this community and an array of other resources that saw that they too had a role to play at the community level.

The Community Resource Centre played a key role in both the community response and in the brokering of services. A unique staff position that had been created, just prior to the tragedies – was that of a "youth community developer." This role became one of the important catalysts for the community. In capacity building, a catalyst is "an individual or group who believes change is possible and is willing to take the first steps that are needed to create interest and support" (HRDC, 1999). Ultimately, the catalyst motivates others to join in the shared vision and action plan. The Community Resource Centre engaged youth-serving agencies to provide both support and personnel to create a mental health safety net for the community. The Community Resource Centre also became the coordinating body for the initiatives that would follow.

"In suicide prevention, as in other fields, needs usually run ahead of knowledge; urgency for service often precedes understanding" (Shneidman, 1970). The collective grief and pain in the community was tangible, with individuals primarily seeking answers. There was an overwhelming sense of the professionals needing to "fix this." In capacity building, finding a common ground to talk about these painful issues at this point seemed very difficult, if not improbable. Educating parents on youth mental health issues was also seen as a key strategy in the process of capacity building. Parents reported that they did not know what to say to their children. One parent even acknowledged that all they could think of was to convey to their youth that they were forbidden to ever harm themselves. This was hardly an interactive discussion on mental health. What becomes clear is that most parents do want to be able to talk to their youth. It is also apparent that their own perceptions of mental health issues, including stigma and shame, prevent them from even knowing where to begin.

Parents were invited to a debriefing meeting at the school to further discuss these issues. Both the school and the Community Resource Centre, with participation of the Children's Hospital of Eastern Ontario (CHEO) mental health professionals, facilitated this meeting. There were many youth service providers in attendance as "gatekeepers" in case parents needed individual counselling. In terms of defining community assets, this was the advent of service providers working in unison to support a community. This would become the model by which we would respond to every community tragedy affecting youth.

Outcomes of community capacity building involve expanded intuition on what to do, when to do it and when to quit (HRDC, 1999). In the West Carleton community, an understanding began to grow, followed closely by a commitment from community leaders, that they had to find a way to talk about youth mental health. There was also willingness and even a determination to take the risks to do things differently.

This mobilization effort clearly emphasized the need to include as many members of the community as possible. Although the school remained at the core with students, teachers and parents being included, there was a clear appreciation that other members of the community also were experiencing the loss and needed to be included in the community healing. The post-trauma reactions in the community and the high level of grief and anxiety needed to be addressed. In addition, service providers were seen both as resources as well as community members themselves.

Community development and capacity building happen, more often than not, when a crisis occurs and the community is left with no choice but to respond. Although limited prevention and postvention activities occurred after each of the suicides, the community involvement remained relatively low profile until the last two suicides occurred one month apart. It was not that community members did not care about the losses but that they did not feel they could do anything about it; they did not even understand it.

Creating a Shared Vision

In responding to a community crisis, efforts must move from an initial phase where the emphasis is on responding to the acute need to a second phase where the community is pushed to look forward. The opportunity must be created or facilitated whereby community members can engage in a dialogue to shape their vision for a healthier community. Efforts should be made to engage all key community members as early in the process as possible.

In the wake of the tragedies and to further engage in a dialogue regarding youth mental health issues, a community forum on youth suicide was organized. Participants included youth, parents, police, service providers and community members. Initially, the idea for the forum was to bring in an "expert" on youth mental health issues. The organizing group of youth and service providers deliberated this plan. If there was to be "buy-in" from the community and a true ownership of youth issues, this did not seem to be the logical direction to take. The forum was to become a starting point in a process to develop an action plan for the community. "When a participatory process is sincerely desired, and individuals and organizations believe they are being listened to and included, you will have gone a long way to building community ownership, support and legitimacy"(HRDC, 1999). Everyone at the forum was on an equal playing field. The philosophy was that each person there that evening had something to contribute. Youth were also central to the design and implementation of the forum, as they were in the initiatives that followed. The legitimacy of youth capacity was reinforced from the onset.

The goal of the forum was to bring together diverse parts of the community to continue the dialogue and maintain the momentum that had been established through the tragic event response initiatives. (Often, after a tragedy an immediate increase in activity and support occurs that dissipates over time.) The forum was advertised both in the community and at the school. There were also several newspaper articles that appeared before and after the forum and the local television stations carried the story.

After setting the stage for the evening, the participants broke off into small groups; each had a youth and an adult facilitator who had been briefed on the risk factors associated with mental health issues. The questions to the community became simply:

- What do you think are the factors contributing to youth suicide?
- What as a community do you think we can do about it?

These sample questions were developed to assist the community to identify the problem and to think about how it could organize itself to respond to the problem in a concerted way. The two simple questions can be used in many other types of community forums to address any youth issues. For example, what are the factors contributing to vandalism? substance abuse? bullying? peer harassment? dating violence?...and What as a community can we do about it? The key to community capacity building is in both the asking and, ultimately, in the responses. Although the experts have a wealth of knowledge regarding the global concepts and strategies that can be used, they may not know the appropriate solutions as every community has its own unique characteristics, strengths, resources and ideas. Accordingly, a partnership must be forged between the community of experts and the experts on their own community.

Bringing members together to create a shared vision automatically validates that they themselves have innate knowledge and solutions to address mental health issues. People became drawn into a problem-solving model rather than being immobilized by past events. This becomes evident in looking at the two themes that emerged from the community:

- Education and Awareness Regarding Youth Mental Health Issues
- Resource Development Within the Community

Conceivably, the "experts" could have converged and come to the same conclusions. What would have been missing, and what is absolutely critical in community capacity building and ultimately mobilization, is that it be the community's vision. West Carleton began to create a shared vision to address mental health issues in a way that tapped into its own capacity. This went well beyond the initial focus on youth suicide, stretching to encompass a global conceptualization of community-based mental health promotion.

After the forum, an extensive effort was made to reach out to the community to discuss youth mental health issues. This included public education talks to service clubs, sporting associations, schools, parent groups, business organizations, etc. As well, resource lists identifying all youth-serving agencies were posted in churches, community centres and recreational complexes. By acting on these ideas, community members were able to identify how their ideas could be translated into action. In this way, the entire process gained credibility, reinforcing continued buy-in at the community level. Clearly, the definition of community had extended well beyond the walls of the school where the impact of the tragedy had initially been felt most acutely. Community members were moving from feeling like nothing could be done to organizing public education on youth mental health issues. The community began using its existing networks to promote youth mental health.

Developing a Common Community Language Concerning Youth Mental Health

As critical as up-to-date information is in providing the proper context to a community-based problem, it is the language used and the method of delivering key messages that can truly reach a community and mobilize it to action. Given the various groups of individuals that make up a community, it is essential to be sensitive to the changes required in delivering the message to different audiences. We have to be prepared to take theoretical concepts and to put them into everyday words.

Edwin Shneidman, who has worked in the area of suicidology for over half a century, provides one example of this. He declared: "I believe that suicide is essentially a drama in the mind, where the suicidal drama is almost always driven by psychological pain, in the pain of negative emotions, which I call *psychache*. Psychache is at the dark heart of suicide; no psychache, no suicide" (Shneidman, 2001).

Community capacity building involves increasing skills, knowledge and understanding of the issue. Finding ways to promote youth mental health issues in the community depends on creating a common language. This is where the concept of *psychache*, a word to describe intolerable psychological pain, becomes an extremely valuable tool in youth mental health promotion. Further, the notion of eliminating the stigma relating to mental health issues needs to be addressed with even younger children, and finding ways to communicate with them becomes essential.

Shneidman's extensive research has named the pain associated with mental health issues and behaviours. Shneidman proposed that the unbearable *psychache* that a person may experience is intensified by unmet psychological needs. He concludes that there is not one single type of suicidal person. This concept is important for youth mental health promotion. What causes one youth to "suicide" is very different from another. The common thread is that they are in pain. Shneidman states that in order to prevent suicide "one has to address the frustrated psychological needs of *that* particular person" (Shneidman, 1998). Awareness and education around warning signs of suicide are extremely important. However, it is of equal importance that we begin to help individuals identify their own psychache. Both youth and the community will not be able to understand this unless the community develops a common language.

Using the concept of Shneidman's psychache, we were able to develop a comparison with a physical health issue that most community members can identify with, an earache. An easy-to-use exercise was developed that was presented to many different audiences and age populations. The goal was to find a way to use this common language no matter what the age of the listeners.

Earache vs. Psychache Exercise

- Ask the participants if they have ever had an earache.
- Ask them to list the symptom son a flip chart/blackboard.
- Symptoms usually identified include: can't eat, can't sleep, don't want to see their friends, want to stay in bed, hurts inside but you can't see it...etc.
- Ask where they could go or to whom they could turn to if they had these symptoms.
- Youth will list every walk-in clinic, parent, teacher, hospital, neighbour is a nurse, and the list goes on.
- Ask how long they would let it go before you told someone or sought help?
- Usually youth will say no more than a day.
- What would happen if you told no one?
- Youth will indicate that it would get worse and you could even die.
- Erase earache and put the word "psychache."
- Ironically the symptoms of an earache mimic that of depression, can't sleep, eat, don't want to see friends and it hurts inside but you can't see it.
- Ask participants where they would go if they had a psychache.
- Usually, there is very limited knowledge of where to go or what to do.
- Indicate to the group that this is what we are here to change.

Whether doing this exercise with children, youth or with adults, the lesson always seems to be the same. We have done a great job of teaching children and youth to recognize the symptoms of an earache (physical health) and to tell someone. In terms of youth mental health promotion, what we need to do is to teach the symptoms of psychache – to ensure that youth know what to do before the pain becomes intolerable. We need to use mental health promotion to begin a dialogue about psychological pain and as a community, find the "teachable moments" to address it. This is not limited to suicide prevention but all aspects of youth mental health promotion. By using this concept to "get the message across," community members can begin to understand key concepts as they have meaning to them at a personal level.

Defining Community Assets

Capacity building is not confined by the geographical notion of "community." There are many communities within a community, including youth, school, business or government. Bringing these diverse groups together in a shared vision requires discovering essentially the expertise and abilities that each individual and group could bring to the table. In terms of mental health promotion, these diverse groups may not immediately perceive themselves as having the skills and knowledge to influence change.

The professionalization of "helping" has unintentionally created stumbling blocks for youth to seek assistance and has significantly eroded a community's natural capacity to be supportive. John McKnight, in *The Careless Society – Community and Its Counterfeits* (1995), further explores this concept of how to look at a community's ability to support each other. He describes the way that communities are viewed by society as being inadequate, with an increased reliance on "professionals." McKnight uses the common metaphor of the glass being either half-full or half-empty to describe communities. The underlying message of how community needs are perceived depends on how community members look at it.

> ***"We are partly empty.***
> ***We have deficiencies.***
> ***We are also partly full.***
> ***We have capacities"***
>
> (McKnight, 1995)

Youth mental health promotion activities must take on the philosophy that the glass is always half full. There are ways to engage communities in discovering and using their own capacities in youth mental health promotion. It does not always take an "expert" to be the one with the pitcher to fill up the glass. Through innovation and creativity, communities possess a limitless capacity to fill their glasses, no matter what the issues are.

Two essential resources identified and mobilized through the West Carleton experience were youth themselves and the business community. Each required a specific strategy in order to be engaged and each contributed in their own way. The challenge was to facilitate innovative ways for them to contribute, even beyond what they originally envisioned their role to be.

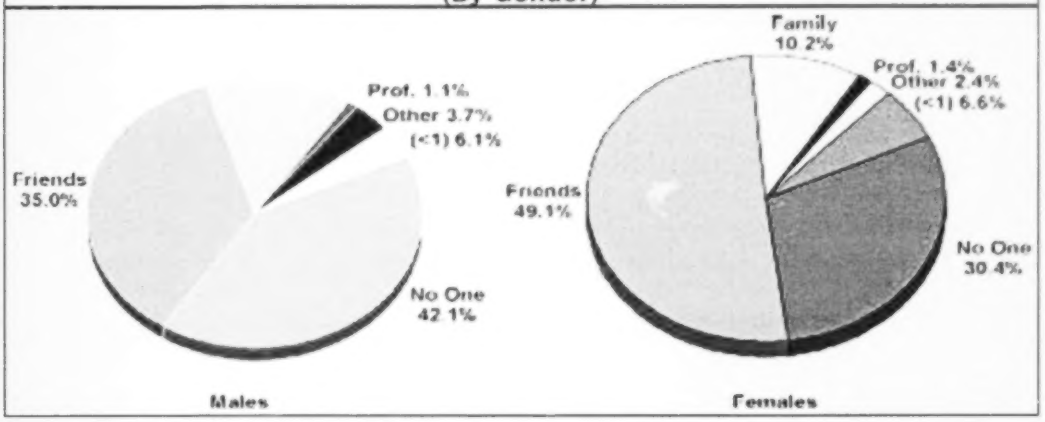
Youth as Mental Health Promoters

> *"Adolescence is an optimal period for prevention because it is the stage of life that can most readily permit modification of internal and interpersonal life. Given the many changes that occur during this period (physical, cognitive, social) the potential for health promotion initiatives to have an impact may be at a peak. It is not surprising then that, for youth, prevention has become a priority in the reorganization of mental health resources."*
>
> (Villeneuve et al; 1996)

Adolescence is derived from the Latin verb *adolescere* that means to grow to maturity and is characterized by psychological, biological, intellectual, moral and social development. One of the developmental tasks of the adolescent is to achieve independence not only from parents but also from other significant adults in the community. This results in a moving away from the influence of adults to one of their peers. Parents will describe that they do not understand these developmental changes and, at times, lose the ability to communicate with their children. Understanding the important role that a peer plays in a teen's life is essential to developing appropriate mental health promotion tools. It is important to understand the first point of contact for youth regarding their mental health issues.

Research on "who adolescents talk to if they have mental health concerns" validates the importance of the peer group. Youth Net/Reseau Ado, a regional mental health promotion program in Eastern Ontario and Western Quebec, conducted focus groups regarding youth mental health issues with 9563 youth from 1995 to 2001. These findings highlight the importance of engaging youth in mental health promotion.

Who Youth Talk to About Mental Health Concerns (By Gender)



Source: Youth Net/Reseau Ado, 2001

Given normal adolescent development, it is not unexpected that the majority would identify their friends as those to whom they would most likely turn to talk about mental health issues. The opportunity therefore exists to enlist peers as key partners in promoting health and well-being and to help reach out to those who may be most at risk. In many ways, youth themselves represent the greatest untapped resource in mental health promotion.

What must be of great concern to a community is the percentage of youth that indicate that they would tell no one about mental health concerns. This is particularly the case for young men who are more likely to be socialized to "take things like a man" and to "suck it up and handle it on their own." The challenge of engaging young men in mental health promotion initiatives therefore may be even more daunting. Also very significant in this research is the data that suggest that youth would only turn to professionals a little over 1 percent of the time. The dissatisfaction with the formal mental health system is evident from this research and it mirrors similar findings seen nationally in the Canadian Youth Mental Health and Illness Survey (Davidson and Manion, 1996). There are many reasons for this dissatisfaction. Youth indicate that they want services that are both youth friendly and accessible. They do not want to be treated like children. They also mention the importance of confidentiality and reliability in order to trust the system that is already in place (Youth Net/Réseau Ado, 2001). In a rural community this concept becomes even more relevant.

Historically, peer support or peer helping programs have existed in communities and are usually offered through the education system. Youth peer helpers are usually recruited through school personnel and not by their actual peers. These programs are useful but can be limiting, as representation from the different peer groups may not be reflected. Keeping in mind that youth reported that they would talk to their own friends, it is important that they have a voice in determining who the peer helpers may be.

Youth Community Mobilization

> ***"Peer groups are an untapped resource in reaching and treating adolescents' mental health problems"***
>
> (Villeneuve, 1996)

Increasingly, youth are being viewed as key assets in addressing their own mental health issues. One of the gifts that youth possess is their ability to envision what is possible. They are great idealists who have largely been untapped by the adult community. In West Carleton, the youth helped to organize a committee entitled "Positive Futures for Youth Committee." This group comprises primarily youth, with

some school personnel and social service members. The committee came together with the goal of increasing awareness on mental health issues and to engage in mental health promotion activities.

The creation of the committee played an invaluable role in the design and implementation of youth initiatives. It also tapped into the youth voice of the community for understanding the reality of their experiences. All of the youth on the founding committee were survivors of suicide. Some were struggling with their own mental health problems. They became the "experts" in their own lives and that of their peers. This resulted in their ability to contribute to the framework of both postvention and prevention activities. Essentially, the youth became both participants and consultants in community mobilization. Several initiatives were designed and implemented by this committee, which, highlight the many different ways that youth capacity can translate into mobilization if given the chance. In terms of youth capacity building, it is important to create various opportunities for youth involvement.

Youth Mental Health Speakers

Youth were trained in media relations to become spokespersons for youth mental health issues and appeared both on television and in print. As noted, they were also speakers and workshop facilitators at the Community Forum on Youth Suicide. The youth also began to make presentations at workshops and conferences as well as visiting other high schools to inform them of the community action plan.

Through their own healing and willingness to help others, these youth became mental health promoters. They assimilated the material and training regarding mental health into their own style. As well, they were able to become a voice for the youth community.

Postvention Assembly on Stress and Depression

The youth advocated for their peers' request to find a way to come together to address anxiety in their school. This resulted in three school assemblies, organized by grade levels, which addressed mental health and stress. Students were reminded of the community resources that are available should they, or a friend ever need them. Many youth-serving agency representatives acted as community gatekeepers in the audience, following the assemblies, these representatives set up information booths in the school foyer so that the youth could interact and access information.

Compilation of Youth-friendly Service Providers Contacts Information Lists. These lists were posted in classrooms and in all student day planners.

Pars and Stars Golf Tournament

Youth had previously reported a lack of connection with adults in the community. This youth/mentor golf tournament was hosted by a local golf club to raise awareness on youth mental health issues and to bring together the youth and those who had actively been raising funds. This event was designed not as a fundraiser but as youth friendly and an opportunity for youth and adults from the business community to spend time together in a way that was interactive. It became a community-based opportunity to strengthen the community connections between the youth and community leaders. It was also a vehicle to get the message out about the shared vision in addressing youth mental health issues.

Whether a youth participated only once in a fundraising initiative or as a very involved member of a committee, their contributions were equally valued as community assets. Successful efforts at engaging youth in mental health promotion not only increases a community's capacity but creates a multiplier effect whereby youth reach out and respond to other youth to promote health and well-being. Furthermore, youth become the most credible spokespersons to engage other members of the community, including the business sector.

Engaging the Business Community

Many people in the business communities are also considered to be community leaders. Historically however, their skills and knowledge may have only been tapped into regarding youth mental health issues if a fundraising campaign were being considered. Many companies report that they receive countless requests for financial contributions from various youth-serving agencies. Community-based partnerships with business must be about more than money. They must be about relationships between the key players and the creation of a shared vision. "In community-based partnerships, the community is actively involved in all aspects of the process including identifying needs and making decisions"(HRDC, 2000).

With community capacity building, an emphasis is placed on grassroots leadership development. It is not as difficult as one might think to engage the business community in a shared vision in youth mental health promotion. What becomes a challenge is finding a common language to understand mental health concerns. This does not simply imply the words to use, but the attitudes as well. In the community of West Carlton, attitudes about youth mental health issues had to change at many levels in order to build capacity and encourage mobilization. There was evidence at the onset of capacity building that youth, parents and the community at large believed that it was just a matter of the professionals "fixing this." Ironically, this sentiment also prevailed within the business community. Community capacity building required that this belief be challenged.

To illustrate this point further, consider the creation of the Brady Burnette Teen Assistance Fund. The Fund was started by a group of five businessmen who were friends of one of the fathers who had lost his son. After this particular tragedy, they began to solicit funds in the community. In the beginning, they had no specific plan for what to do with the funds. Rather, they shared the thought that they wanted to make a difference. The first meeting between the Teen Assistance Fund and the Community Resource Centre is etched in the memories of all those who were present. The business philosophy was evident in the very first question, "How much to fix this?" In the business world, if there is a problem, quite simply, you fix it. This first encounter enabled the "professionals" to give a crash course into the complexity of youth mental health issues. The end result was a keen awareness that the Teen Assistance Fund's creators had essentially the same vision to address youth mental health concerns in the community.

"Developing community capacity means taking risks, improving things and sharing control" (HRDC, 1999). The Teen Assistance Fund became a catalyst in advancing the message about youth mental health issues. The assets that the Teen Assistance Fund trustees possessed were not merely financial. They brought key human resources to the partnership and had important connections in the community to broaden the scope of the message delivery concerning youth mental health. They provided resources such as printing materials, accounting, space for meetings and many other in-kind donations. In addition, they were able to identify existing networks and connections that were previously untapped. The Brady Burnette Teen Assistance Fund and the Community Resource Centre forged a unique partnership that has been sustained beyond the impetus for action. The fund provides financial support to the Community Resource Centre to enable it to offer both coordination and programming, such as school-based substance abuse counselling for the youth.

A clear example of how professionals do not always have the answers came at the beginning of the partnerships. Of great concern was that the Fund was named in memory of a youth who had "suicided." Mental health professionals are acutely aware of the dangers of memorializing this type of death due to the contagion effect. These concerns were raised early on in the partnership formation. A decision was made to connect with those directly affected and, accordingly, these apprehensions were related to the youth. Consultation with the youth revealed that Brady Brunette's name was appropriate to use; they also indicated that the name should include the word "Assistance." The youth felt that it specified that this young person needed assistance and therefore did not glorify suicide, but reminded youth that they needed to get help. Outcomes of community capacity building include an expanded intuition in sensing what to do. The intuition of both the business representatives and the youth was to keep the name. It made sense to the community as it greatly reflected their collective loss. This became a significant paradigm shift in the defining who the "experts" in the community were.

Community mobilization is the use of capacity to bring about change by joining together the strengths of the community into an action plan. Business community members need to see that within their groups are the capacities that go well beyond fund raising. They are also "experts" in their community and thus are viewed as having a powerful voice in guiding youth mental health promotion activities. In West Carleton, the Brady Burnette Teen Assistance Fund members evolved into an advisory committee for both the development and implementation of an action plan and for evaluation of this plan. Many teachable moments in capacity building and the subsequent mobilization would have been lost had this partnership been simply about money.

The membership of the committee went beyond the original five businessmen to include the Community Resource Centre, community representatives, parents and youth. In other words, it mirrored the many partnerships that were forged as the community began to mobilize. Clear goals and objectives were set related to both fund raising activities and youth mental health promotion activities. The business group also now had key linkages with the school and the youth service agencies. The community capacity building and mobilization were now being synthesized into a definitive action plan.

Discovering Assets – The Community Helpers Program

The search for models that addressed the issue at hand led to identifying a concept that could be adapted and enhanced to better meet this community's needs. In community development, there is a need not only to be innovative, but also to look at what others have already done from a new perspective. This combination of awareness of what has been done, along with the creativity to think outside the box, has the potential to meet the unique needs of a community. It is not feasible to take a program or initiative that seems successful in one community and parachute it into another and expect the same results.

The previous data and concepts provide a very important clue to an all-important asset in youth mental health promotion. Quite simply, it is the youth themselves. Recognizing the critical role and potential of youth themselves, the Community Resource Centre and West Carleton Secondary School, in partnership with the Positive Futures for Youth Committee, launched an innovative program called *Community Helpers*.

Community Helpers Program

The *Community Helpers* Program is based on the Natural Helpers® program from Washington D.C. The Canadian *Community Helpers* Program was adopted by the National Stay-In-School Initiatives with funding from Human Resources Development Canada and was written by Dave Redekopp (1993). The original intent of the Canadian model was for career development and targeted youth at risk for dropping out of school.

The underlying philosophy of the *Community Helpers* Program promotes the principles of capacity building. "*In every community there are people to whom others naturally turn when they need help. They are people from all walks of life and all ages. The one thing that they have in common is that they are considered by others to be helpers*" (Redekopp, 1993).

The program becomes a key mechanism for capacity building as it highlights the existing strengths in the community and not what is missing. The *Community Helpers* Program does not *create* volunteers to work with youth but finds a way to *discover* the community members, the "natural helpers," who youth already relate to when they have a mental health problem. Not only is the glass *always* viewed as half full, but there are many people in the community who can top up the glass.

The program helps communities to identify its natural helpers. Community helpers could be anyone associated with youth, including friends, team-mates, coaches, neighbours, teachers, clergy. This program has advantages over traditional peer helper programs in that it reduces the inequalities among youth. Traditional models may leave many youth with a sense that the helpers, albeit youth themselves, are out of touch of the types of issues that they actually face in their peer groups. In community helpers, youth who already connect with youth are identified. Their own capacity to support others is increased, as is their knowledge of what other resources exist to support their friends.

The objectives of the *Community Helpers* Program are to:

- bridge the formal and informal support networks for youth,
- promote early identification of at-risk youth,
- assist youth with problems/concerns they may have,
- provide youth and community members with accurate information,
- link youth to existing service providers, and
- identify gaps in mental health needs of youth.

Community Helpers are identified through an anonymous survey that is distributed throughout an entire school population. The survey asks youth to identify those in the community who they feel they could turn to for help if they had a personal problem. The youth are asked to name two of their peers and two adults. As well, youth have the option to indicate if they feel there is no one in the community who they could turn to. Utilizing trained student leaders (existing peer helpers or students' council reps), the survey process takes place over a two-day period.

Survey Design and Administration

A user-friendly survey was designed through a partnership with Nortel Networks. The goal was to engage youth in both the data collection and inputting the information. Once again, this demonstrates how resources exist in a community that may not even have been considered to be relevant to mental health issues. This hightech community partner was able to participate in a way that capitalized on its own strengths. This enabled them to feel that they could also contribute instrumentally (not just financially) to the health and well-being of community members, many of whom are also employees in this company.

The survey was administered by extending a homeroom for a few minutes in the morning, so that we were assured that most youth were reached. This survey is administered every year so that new community helpers are identified and their numbers are kept relatively constant.

On the first day, the students who were administering the survey visited the homeroom and described for the students what *Community Helpers* was all about. They also requested that the students think about who their natural helpers are and to come back the next day with as much contact information as possible. As well, resource lists were distributed to remind youth of the more formalized helpers in the community if they felt they had no one to turn to.

On the second day, the surveys were handed out and completed in homeroom. Students were reminded that the surveys were anonymous; they were gathered into a central location so homerooms could not be identified.

Survey Tabulation

The surveys took several days to input (based on a high school of 1000 youth). This became an ongoing task for co-operating students. An unexpected result was that the computer skills of the youth inputting the data increased.

Selection of *Community Helpers*

Community helpers were named if their name appeared two or more times in the database. The key points to remember in the selection of community helpers are:

- It is not a contest or popularity exercise.
- It is a one-day snapshot of the school community only.
- Many helpers may not be identified.
- The program is voluntary.

Recruitment of *Community Helpers*

Community Helpers were notified by a letter to indicate that they had been named in the survey results. They were invited to attend an orientation session to talk further about the program and about their potential involvement. Being a voluntary program, there was no requirement for a person named as a community helper to participate. The only thing requested was that they take a mental health resource package in case they or their friends were ever in need of support.

Those who attended the information session were introduced to representatives from the formal youth-serving agencies and given resource materials. They were also asked to brainstorm the types of topics for future workshops that would assist them in helping their friends.

The results of the brainstorming activity are different for every school. For example, one school named four key areas:

- Suicide Prevention
- Parent/Teen Conflict
- Drinking and Driving
- Stress Management

Some of the schools that have implemented *Community Helpers* host seminars on school time or during lunch hours. Others prefer to take all the named helpers away on a "camp" experience covering many topics at one time. At these camps, the formal youth-serving agencies are invited to make presentations so that the youth further engage with them.

The flexibility with which the model accommodates these different approaches demonstrates the importance of respecting how different communities (in this case, schools) need to do things in a way that makes sense for them. Such respect is essential to enlist community buy-in.

One of the interesting and not so surprising characteristics of the community helpers is that they are thought of as good listeners and are actively sought out by their peers. This "caregiver" personality of the community helpers also has a downside – if they are always helping all their friends, who is listening to them? As a result of the feedback and observations of the community helpers, each training session now starts with a self-care component.

Key Benefits of the *Community Helpers* Program

One of the key benefits of the *Community Helpers* Program is that it is inclusive. First, it enables a cross section of an entire student population and allows those who may be on the periphery of the school community to name their own support people. As well, it is not an identified club. Anyone can be a community helper. The survey does offer a good starting point in finding the natural helpers in a community. However, many helpers will self-identify and need to be included as well. Community helpers are the people who youth already turn to when they have a personal problem. If someone is perceived as being in that role, it is not challenged, but celebrated.

If the *Community Helpers* Program achieves a bridge between the formal and informal networks, it is a valuable mental health promotion tool. The first goal is to reach out to community helpers to provide them with accurate resources about youth mental health issues. Both adult and youth helpers receive mental health information packages on substance abuse, dating violence, parent-teen conflict, eating disorders, sexual health issues and suicide prevention. The youth helpers are formally introduced to the youth service providers in the school to put a personal name to an organization.

Adult helpers are also made aware of the youth-serving agencies in the community. After one tragedy a coach reported, "I feel that sometimes youth on my team are really struggling but I didn't even know you people existed" (referring to the youth counselling agency). When this coach was named as a community helper, he went back to his sporting association and arranged for a presentation on youth mental health issues to the entire group of volunteer coaches. It becomes very empowering for the adults when they are named as a community helper by the youth. It positively validates the significant role that they play in a young person's life.

As discussed earlier, the professionalization of helping has not reached youth who tell us that they will turn to professionals only 1 percent of the time. The people who are named as community helpers come from all parts of the community they include – friends, team-mates, sports coaches, dance teachers, neighbours, and even a waitress at a local coffee shop "hang out."

Community Mobilization Through *Community Helpers*

> ***"I know through personal experience how hard it is to seek help from strangers or outside services. The Community Helpers Program trains youth to recognize mental health issues so that they may help within their own peer groups. In my case, it was my friend who identified that I may have had an eating disorder. My friend was a person involved in the Community Helpers Program and was able to recognize and help me access the services I needed. Now that I have recovered, I have become involved in making sure that this type of program continues for youth in my school and other schools in the community. I am now a Community Helper and am more comfortable with my abilities to help my friends deal with their problems and know where to direct them if the issues are serious."***
>
> 17-year-old female student at
> West Carleton Secondary School

The *Community Helpers* Program does not advocate that all community members become professional counsellors but that a bridge be built between informal and formal youth support systems. It is essential that the community have the tools to recognize and respond to mental health issues. The community is seen as the first point of contact. A community that can challenge the stigma and shame of mental health issues becomes a much healthier community not only for the youth but also for everyone.

Even if youth do not immediately access support, the link can begin with the helper. Very often community helpers, when they are concerned about a youth, will consult the formal youth service agencies. The helpers may be more likely to appreciate the role of more formal helping agencies and individuals because, through their role as community helpers, they have been able to "put a face" to many of these helping professionals. This in turn helps to decrease the stigma associated with accessing help. Many times, a helper has brought someone in counselling because he or she plays a key role in bridging at-risk youth. Subsequently, community helpers become the promotional tool for youth helping agencies in the community. "The targets of such education must include the general public and adolescents themselves. The medium by which this information is provided will be as important as the message, as youth are clearly likely to listen to some people better than others" (Davidson and Manion, 1996).

The *Community Helpers* Program is also an invaluable tool because it simply makes sense to the community. In West Carleton, there has been significant 'buy-in' because of the characteristics of the program. It is both cost-effective and youth-friendly, something that appealed to everyone, including the business community and the youth themselves. The business community, youth and the service providers became very passionate about not only the *Community Helpers* Program but also the ultimate concept of destigmatizing mental health issues for the next generation in the community. When a community becomes enthusiastic, capacity building and mobilization naturally follow. People want to be part of the solution.

Collaborative Partnerships – Building Sustainable Partnerships

> ***"A partnership is defined as a relationship where two or more parties, having compatible goals, form an agreement to do something together. Partnerships are about people working together in a mutually beneficial relationship, oftentimes doing things together that might not be able to be achieved alone."***
>
> (HRDC, 2000)

Community capacity building and mobilization depends upon the development and maintenance of strong partnerships. From a community perspective, the numbers and types of partners are quite far reaching, and can include youth themselves, their parents, the school system, service providers, the police, business, government and the media. In each case, it is important to identify the potential roles of partners, as well as how to sustain them in these roles. Roles cannot be completely independent but must be overlapping and exemplify mutual appreciation and respect for what each has to offer.

As the community began to appreciate the possibilities of being able to make a difference, their collective voices began to be heard. These voices developed into a network of partnerships between the Community Resource Centre, West Carleton Secondary School, businesses, the youth and the community. Each partner at the table was viewed as having their own expertise and strengths. The capacities of both the individual and the community were utilized to address the shared vision of youth mental health promotion. At the centre of this network were the youth themselves. The key focus of any vision was that the developed strategies had youth involvement, were youth friendly and were accessible to the rural population.

Education

> ***"Schools are, or should be, important agencies of child welfare. Institutions, which children attend for five hours a day for two thirds of the year, should know children well, should care for them as individuals, and should have a fundamental concern for their welfare"***
>
> (Bagley and Ramsey, 1997)

West Carleton Secondary School played a fundamental role in the capacity building of the community. It embraced the role of *school as community* and continually created opportunities to engage youth and school personnel in the process. The staff of West Carleton Secondary believe in thinking "outside of the box". Barriers were seen as challenges and opportunities.

West Carleton is a large, rural community and every student relies on the bus (or vehicle) to attend the school. It can be difficult to address the mental health needs of youth who live in a rural environment. Accessing confidential supports is very challenging for teens who do not have means of transportation. Although living in a small rural community can create a sense of belonging, it can conversely take away any sense of privacy. It feels, at times, that everyone knows everyone else's business.

Youth Service Providers

Capacity building and partnership development also had to occur at the professional level. There has been an emergence of "specialty fields" in addressing youth mental health issues. While specialization may be practical for service delivery in both understanding and treating complex mental health issues such as substance abuse, eating disorders, depression etc., it unwittingly places barriers for youth to access support. At times, an agency's mandate becomes the focus, not the needs of the community. Community development may not have been the catalyst for an organization's strategic planning. Funding streams dictate where and how an organization operates and also can initiate "turf" wars.

Service providers often get only one chance to engage a youth. The youth (or their parents) will take the initiative to call for support and may get a response that they have called the wrong agency. In building the community capacity for youth, it was essential that those tasked with helping youth with mental health issues had both shared vision and established partnerships.

In identifying and accepting that the school was indeed the "community," for the youth, the capacity to support those youth had to occur within the school environment. It was not enough to engage in youth mental health promotion and talk about services to support youth if they were completely inaccessible. As the partnerships with key youth service providers were established they were assimilated into the community vision. There are now many agencies providing on-site support to youth at West Carleton Secondary School to complement the existing school support staff. These include: a Teen Sexual Health Centre; Rideauwood Addictions and Family Services; Youth Services Bureau counselling; Community Resource Centre staff including an intake worker, Gay/Lesbian Outreach Worker and a *Community Helpers* Coordinator; Youth Net/Reseau Ado mental health promotion; Ottawa Police School Resource Officer, and the Royal Ottawa Hospital Early Intervention Program.

Police

Too often the police are the first responders to a crisis, they do their job and then move on to the next crisis. The capacity of police in youth mental health promotion is often overlooked. Police are often the first point of contact for youth who are engaging in risk-taking behaviours. Parents often call police with serious concerns about their youth. Police know first hand the devastation that occurs in a community when a young person is struggling with mental health issues. In a small community, it is commonly the same few officers who attend the calls for service. Officers were faced with the same question as other service providers: Why was this happening?

A parent information program was being developed in 1996 by the Community Resource Centre and the Ontario Provincial Police entitled "*You've Had Pre-Natal, Now Get Pre-Teen.*" Although in its pilot stages before the tragedies, it became an extensive source of support for parents seeking information. *You've Had Pre-Natal, Now Get Pre-Teen* is an early identification and intervention program that targets parents in addressing youth mental health and youth crime issues.

The program advocates for the police and community agencies to be "partners with parents" to increase the community capacity to understand the connection between mental health and risk-taking behaviours. Similar to the concept of prenatal education, the seminar is hosted throughout the community and is led by both a police officer and personnel from the Community Resource Centre.

An accompanying book of the same title was released in 1999 with funding from a local service club. This comprehensive, easy-to-read book is a compilation of normal teen behaviour, behaviours and issues to be concerned about, various legal rights and responsibilities related to parenting and youth, substance abuse, mental health issues and resources in the community.

This partnership is an example of positive community capacity building. Parents are able to access 'one-stop shopping' from community agencies serving youth. The program originators were also able to foster understanding and respect for the professional differences in the way police and social service agencies both perceive and address youth issues. The partnership also became the first step in enhancing the affiliation of police addressing youth mental health issues. The officers generally became better informed of the services available for families and would make referrals to mental health agencies much earlier.

Government (Municipal)

Engaging government in community mobilization efforts is a natural progression as politicians are elected to represent the concerns and visions of their constituents. In the broad definition of community, it is important to engage everyone in the vision and long-term action plan. Getting support, both stated and financial from government sources, promotes the credibility of community mobilization efforts. There is danger, however, in relying solely on government financing to sustain an initiative. Having many partners and connections interested in the action plan builds capacity and empowers mobilization.

Early in the process, a presentation on youth mental health issues was made to the West Carleton mayor and municipal council members. This presentation was initially a request for funding, yet became an important opportunity for youth mental health promotion. The presentation was not only from the Community Resource Centre but also a representative from the business community. This was an unusual concept for council. Businessmen were more likely to approach council for zoning amendments or site approval, not to appeal for youth mental health funding. The municipal government representatives not only agreed to provide matching grants to the fund-raising efforts but also promised to encourage others to do so as well. They also became very informed about youth mental health issues and resources. Over the next few years, they created many forums to engage in a dialogue about youth mental health promotion. Some even highlighted their support of these initiatives in their bid for re-election.

Media

After the tragedies became known, the media descended upon the school and community looking for the story. Youth were being stopped in the parking lot of the school and asked why youth were killing themselves in their community. This was very upsetting to the students and they did not know how to respond. To combat this, the youth committee members were "media trained" and invited the media to attend a press conference prior to the community forum. The youth were given key messages to respond to the reporters' questions, (e.g. suicide is a complex issue; one suicide is one too many; suicide is preventable; and, suicide is about pain, and ending pain). Instead of restricting media access to the youth and the initiatives, the partnerships actually assisted them. There was recognition of the capacity that the media have in disseminating the key messages to a wider audience.

Losing many young people in such a short period of time was considered news in the community. The media, like the general public, had limited information about youth mental health issues. They also needed to be educated on what role they could play in the community mobilization endeavour. There was a conscious decision on behalf of the key partners to involve the media as much as possible. The local papers were read by almost every resident and thus they became an important medium for the sharing of youth mental health material, and the promotion of key initiatives and fund raising. The establishment of a recognized partnership with the media benefited the community mobilization efforts and the media themselves. Since community mobilization is about inclusiveness, it resulted in the media feeling as if they were part of the solution. The payoff was many teachable moments in youth mental health promotion.

Leadership

"It takes leadership, time and effort to build capacity."

(HRDC, 1999)

Capacity building does not happen without intentional effort. A critical element in both capacity building and mobilization is the leadership required to bring the key community players together, to capture their imagination and to energize them to action. Such leadership need not come from established hierarchies, but can emerge from the community itself. It could be a service provider, an educator, a parent, a member of the business community, or even a youth. Often, it is the personal qualities of an individual that enable that person to connect with the diverse groups that make up a community. These individuals must be supported by the more formal systems so they can put in the time to play this all important leadership role. Fostering and maintaining partnerships is a time-consuming activity that requires the appropriate allocation of resources.

In mental health promotion, particularly with youth, strong leadership can be both an essential component and a potential barrier to sustainability and replicability. Without the leadership, community capacity building and mobilization do not occur. Leadership without the development of a solid foundation and a mechanism for succession planning can leave a health-promoting initiative vulnerable once that leader departs. It is the balance between leading and recruiting the next generation of leaders that must be considered throughout a program's development and evolution.

The unique role of the youth community development position that the Community Resource Centre created provided continuity and cohesiveness in the community vision. This position provided the communication link between the youth, the Teen Assistance Fund, the school, the service providers, government and the community at large. This leadership role became recognized by the community as a common thread and provided a means whereby their ideas and their questions could converge. Having someone take on such a leadership role does not preclude the emergence of other leaders. In fact, the best leaders empower others to step up and take on significant roles.

Community mobilization places an emphasis on the grassroots leadership inherent in a community. The very nature of the *Community Helpers* Program promotes the concept of stability in developing potential youth leaders. The program is designed to reach all youth so that even the youngest members of a school community can be named as helpers. In this way, the community does not have to wait for the leadership abilities of youth to become apparent, as the annual survey identifies the capacities of youth. As each group of youth move on to adulthood, a wave of youth comes up behind them to

create new visions and achieve new goals in youth mental health promotion. The program is constantly evolving with the focus on the capacities of the youth population in any given year. The key to community mobilization efforts in youth mental health promotion becomes flexibility and creativity and a willingness to continually modify initiatives.

Sustainability

One of the biggest challenges in mental health promotion is the sustainability of initiatives that emerge at a community level. This includes maintaining the momentum once the acute crisis has passed, as well as "passing on the torch" beyond the initial leaders who facilitated the mobilization of a community. Youth initiatives present their own challenges as, by definition, youth leaders grow older and move on with their lives. For these reasons, one must consider sustainability from the onset.

Audra Kneiper (1999), in an article about grief related to survivors of suicide, used a quote by Henry David Thoreau that feels especially relevant to this concept:

"If you have built castles in the air,
Your work need not be lost;
That is where they should be.
Now put the foundations under them."

The community had come together with the realization that the tools already existed in the community to build the castle, including a shared blueprint for what it would look like. There was also consensus about the importance of a solid foundation not only to sustain the existing efforts but also to develop a long-term plan. There was also an emerging sense of "looking down the road" to anticipate both obstacles and opportunities to explore.

Sustainability must recognize the ebb and flow of community involvement. Some individuals join only for a short time, perhaps a special event, while others are on board for the long journey. No matter what the involvement, all are recognized as contributing their own capacity and ultimately building a lasting foundation.

Fund Raising – Must We Bake Sale Our Way to Positive Mental Health?

Capacity building recognizes the need for resources to sustain the shared vision and action plan. The stigma and shame associated with mental health issues can create considerable barriers in mobilizing a community to adopt youth mental health promotion as "a cause." Public education, programming and fund-raising activities had been left to those directly affected by this issue, usually survivors of suicide or those in the helping professions. It feels, at times, that we have to "bake sale" our way to positive mental health.

Fund raising opportunities are a way not only to secure much needed financial resources but are also a valuable tool in youth mental health promotion. Any event or activity was deliberately transformed into public education. The Teen Assistance Committee members became eloquent spokespersons for youth mental health issues. It was now not the "experts" delivering the message but community members from all walks of life, including the youth. An illustration of the progress made in community capacity building can be seen in the example of an accountant giving a speech to a local Chamber of Commerce on the concepts of earache vs. psychache and youth mental health promotion.

Community mobilization presents a continuing challenge. Traditionally, given the lack of core funding for community capacity building and mobilization, it is essential to continuously look beyond the immediate situation. This is where the community action plan becomes absolutely necessary. This plan, for West Carleton, spoke of the need for sustainability both in human and financial terms. An example of this was seen when the partners, including the Brady Burnette Teen Assistance Fund, West Carleton Secondary School and the Community Resource Centre, took the risk and jointly applied to the Ontario Trillium Foundation for core funding. The community mobilization had moved beyond community fund raising and into "big picture" type of funding. Even the exercise of applying for funding contributed to both community capacity building and mobilization as it propelled the community partnerships to develop a comprehensive strategic plan for youth mental health promotion. Clear, measurable outcomes also had to be established. When the program successfully received a significant grant from the Ontario Trillium Foundation, it gave a huge elevation to the partnerships.

Implications for Community Capacity Building – Policy And Systems

The systemic implications for youth mental health that result from community capacity building and mobilization are numerous. The community not only shares in the ownership of youth mental health issues, but also recognizes the unique role that they play in establishing and maintaining a shared vision in creating a safe and healthy community. The underlying assumption that only professionals can assist youth and engage in youth mental health promotion is challenged. A new understanding emerges whereby communities begin to envision a continuum of mental health supports, both at the formal and informal levels. Youth themselves, and the full range of community members, become active in helping to shape the system that is intended to meet their needs. To accomplish this, there must be a mutual respect between service providers and community members, as well as between formal and informal support systems.

Formal systems must understand and appreciate the importance of community input. Opportunities must be built into formal systems to include the community voice, particularly the voice of youth. The formal system's accountability must also extend to the community which, in many ways, is the ultimate judge of what is working for it. The community in turn must be prepared to advocate and actively lobby for those services, be they health promoting, preventive, or interventional – that serve youth all along the continuum of need. Systems that simply look at one aspect of this continuum are likely to miss opportunities for true partnerships that better serve the mental health needs of youth.

The mental health system also becomes more proactive than reactive. Community mobilization involves an improved relationship between the formal and informal networks in a community. The *Community Helpers* Program unites the formal youth-serving agencies with the informal support systems that youth are known to utilize. This creates an extensive community safety net in not only identifying youth that may be at risk, but also linking those youth with the appropriate support.

Policy implications also need to include the realization that it is youth themselves who may be the most influential mental health promoters. If youth "buy in" to the concepts of youth mental health and well-being, and are invested in reducing the stigma and shame at an early age, the stage is set for them to carry this throughout their adult lives. Policy makers and mental health professionals need to find ways to engage youth in both meaningful and youth-friendly ways. True engagement reaches far beyond the tokenism often seen in systems that include some youth membership without true participation or empowerment. Such participation must be legitimized and formalized at a policy level.

At a fundamental level, policy needs to reflect the fact that youth mental health promotion is, in and of itself, a valuable undertaking. In the current climate of focusing on the early years, prevention efforts have, for the most part, been defined as relating to 0-6 year-olds. Policy needs to appreciate that prevention and health promotion, particularly mental health promotion, can occur throughout the life span. A psychache can occur at any point in a person's life and thus should be reflected both in the planning of services and the allocation of resources.

Mental health promotion is a process, the outcomes of which are potentially measurable over extended periods of time. Accordingly, it takes a concerted, long-term commitment to this process to foster real change. Policy needs to recognize that this process takes time. Furthermore, mental health promotion through community capacity building is everyone's business, even though it is rarely delineated explicitly in the mandate, policy and procedures of many organizations. Policy needs to reflect that these activities are integral parts of the role of such organizations. This includes those organizations/systems involved in education, law enforcement, specialized mental health service delivery, and child welfare, among others. It is also relevant to other organizations with less obvious roles in health promotion (e.g. business community). By acknowledging this at a policy level, the contributions of individual members of these organizations to community capacity building and mobilization can be recognized and validated.

Initiatives can move from the local level to having a far-reaching impact. The *Community Helpers* model, for example, has been presented at numerous provincial and national conferences, with significant interest being expressed in replicating the model in communities across the country. When the systems that exist within a community can acknowledge that the need truly exists and that it is time to try to do things in a different way, the value of having well articulated mental health promotion programs becomes evident. We do not have to reinvent the wheel, but rather be willing to consider models that have been tested in other communities and have the flexibility to be adapted to meet our own needs.

Conclusions

The approach described in this paper has demonstrated how investing in youth mental health promotion at a community level resulted in mobilizing a community. The community in turn invested in these concepts, emotionally, financially and instrumentally. Youth and community members became involved in the identification of youth at risk and developed initiatives to decrease the risk status of others. It is indisputable that natural helpers exist in every community. The business community invested in mental health promotion efforts that may not have been supported otherwise. In this way, resources multiplied and a full continuum of services were developed and are being maintained. The desire to seek out and sustain collaborative partnerships mobilized the community and in the end it was the community who created the "teachable moments."

Capacity building and mobilization naturally create optimism that communities share the ability to both challenge and address misconceptions about youth mental health and mental illness. The discovery of the community voice and the absolute conviction that youth are key to this process are benchmarks of a mental health promotion approach truly focused on youth. In the end, the impact of community capacity building goes well beyond youth mental health promotion. It will ultimately influence the next generation to create an inclusive society where those living with mental illness do not have to do so in silence.

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